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ABSTRACT

Before social welfare programs can be successfully designed and administered, the problems of the needy must be known. Research literature appearing from 1969 through mid-1977 reveals that: most welfare recipients are dramatically inferior in their ability to compete in the labor market; poverty is a multiproblematic chain which has not been successfully broken by transfer of payments; and rural low-income residents have particular problems including child care, transportation, health, family lifestyles, self image, and family and home responsibilities. Under the broad categories of education, health, income security, and veterans, the federal government makes payments to individuals where no current or future goods or services are required to be provided in return. Three basic programs determine the type, amount and impact of all direct transfer payment programs: (1) transfers to the physically, socially, and/or economically indigent; (2) transfers to the self-supporting and sufficient, but temporarily needy; and (3) transfers made because of "earned privileges" or mandatory social provision. This synthesis outlines historical perspectives, lists specific programs, gives conclusions and recommendations, provides a bibliography of the 73 references cited in the report, and serves as a starting point for rural development planning and projects from the national to the local level. (NEC)

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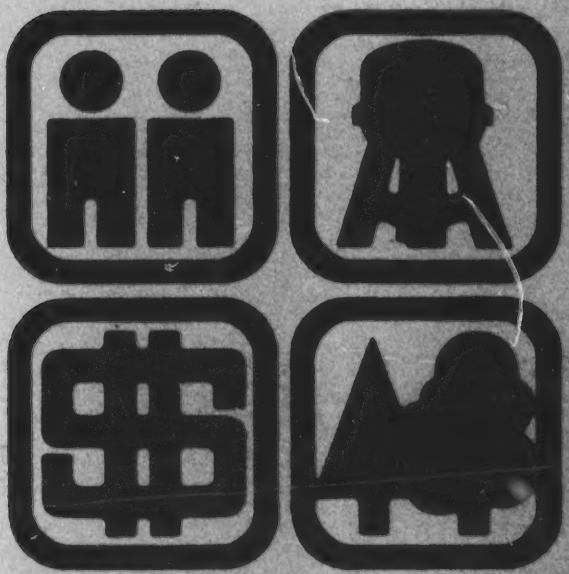
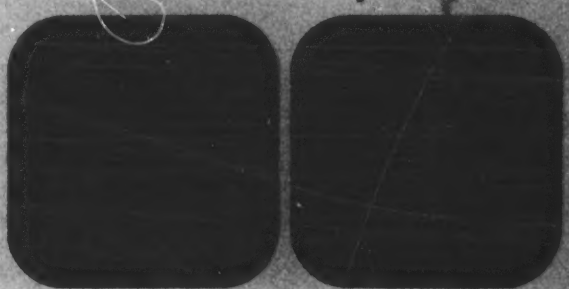


SYNTHESIS

The Impact of Governmental Transfer Payments on Human Resource Development



Rural Development Series No.8
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FOREWORD

Under the sponsorship of the Southern Rural Development Center, 10 teams of researchers and educators throughout the southern region have devoted the past year to a synthesis of timely and practical research in selected areas of interest.

These 10 Functional Networks, each under the leadership of a Center Associate, have prepared larger annotated bibliographies of important citations uncovered in their investigations. These synthesis papers follow the bibliographies, and are intended to relate the useful applications to be derived from their survey of the literature.

More than just summary documents or reports, these synthesis papers can serve as a starting point for rural development planning and projects from the national to the local level. They assess the current state of knowledge and pinpoint techniques and methods for application of these findings.

This paper was prepared by the Network on The Impact of Governmental Transfer Payments on Human Resource Development under the leadership of Dr. E. Evan Brown and Ms. Nancy Vrechek Hill at the University of Georgia. The Network's bibliography and additional copies of this paper are available from the Southern Rural Development Center.

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A Synthesis

The Impact of Governmental Transfer Payments on Human Resource Development

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This review is the product of an SRDC functional network with chairmanship at the University of Georgia. A contractual agreement between the SRDC, the University of Georgia, and the Cooperative State Research Service of the U.S. Department of Agriculture provided for this participation and cooperation.

One of a series of research reviews prepared by functional networks for the Southern Rural Development Center, Mississippi State, Mississippi.

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SYNTHESIS OF RESEARCH RESULTS RELEVANT TO THE IMPACT OF TRANSFER PAYMENT PROGRAMS ON INDIVIDUALS: 1969-1977

BY

Nancy Vrechek Hill and E. Evan Brown*

Introduction

The impact of governmental transfer payments in our society is great. President Carter's proposed Federal budget for 1979 includes payments to individuals of over $214 billion, almost 43 percent of the total budget [Table 1]. The payments to individuals that the government will make in 1979 equal the total Federal budget of 1971. This represents a tremendous dollar investment, and shows that an increasingly significant proportion of our resources are being directly redistributed among the population.

Transfer payments now effect almost every facet of our lives. When people become unemployed through no fault of their own, transfer payments are one means of obtaining assistance. If a flood wipes out a community, the Federal government may allocate funds to help rebuild schools, businesses and homes. There are programs designed to assist needy people for almost any type of problem they may incur. The kind of transfer payment covered in this paper is a government payment to individual(s) where no current or future goods or services are required to be provided in return. These payments may be actual money payments; however, this is not always the case.

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TABLE 1: Federal Budget Outlays and Payments to Individuals, 1956-1979 in Current Prices, Billions of Dollars

Year	Total Outlays	Payments for Individuals	Payments as a % of Outlays
	(billions of do.)		
1956	70.5	13.8	20
1957	76.7	15.6	20
1958	82.6	19.4	23
1959	92.1	21.2	23
1960	92.2	22.9	25
1961	97.8	25.9	26
1962	106.8	27.1	25
1963	111.3	28.7	26
1964	118.6	29.8	25
1965	118.4	30.5	26
1966	134.7	34.3	25
1967	158.3	40.1	25
1968	178.8	46.0	26
1969	184.5	52.8	29
1970	196.6	59.8	30
1971	211.4	74.6	35
1972	232.0	85.3	37
1973	247.1	95.9	39
1974	269.6	111.1	41
1975	326.1	142.7	44
1976	365.6	166.6	46
1977	401.9	181.7	45
1978*	462.2	196.9	43
1979*	500.2	214.5	43

*estimate

Source: "The United States Budget in Brief, 1979," Washington, D. C.: Superintendent of Documents, U. S. Government Printing Office, Jan. 1978, p. 83.

Some programs provide interest subsidies or cost-sharing arrangements. The Federal Food Stamp program provides coupons redeemable at retail stores for food products. Still other transfers may help pay a portion of or all medical expenses. Hundreds of transfer programs in some way help fill an economic need to those who have no other available resources.

There are four major areas in which transfer payments are made -- shown in Tables 2 and 3. In 1977, $21.0 billion were spent for education, training, employment and social services programming. This area covers the WIN program to the Upward Bound program. The main thrust here is to provide assistance which will help people to become self-sufficient through such things as training, internships and rehabilitation services. In the area of health $38.8 billion were spent in 1977. The majority of these funds supported the Medicare and Medicaid programs. Other funds for health programs include education, training and community health facilities. The single largest direct benefit program is General Retirement and Disability --Social Security, where in 1977, budget outlays exceeded $88.6 billion. Total outlays for Income Security programs exceed $137 billion. These programs have become a way of life for many Americans. It is likely that the dependence on the Federal government for retirement security will increase forcing the Federal budget to accomodate a larger proportion of the population. Veteran benefits and services comprise the fourth area of direct benefit programming. Only about $18 billion were spent in 1977 in this area. Together these program areas affect in some ways almost all of the U.S. population through benefit payments and taxes.

TABLE 2: Direct Benefit Programs, 1977-1979

OUTLAYS	Actual 1977	Estimate 1978	Estimate 1979
	----------(billions of do.)----------		
Education, Training Employment and Social Services	21.0	27.5	30.4
Health	38.8	44.3	50.0
Income Security	137.0	147.6	160.0
Veterans Benefits and Services	18.0	18.9	19.3
Total	214.8	238.3	259.7

Source: "The United States Budget in Brief, 1979," Washington, D.C.: Office of Management and Budget, Superintendent of Documents, U.S. Government Printing Office, p. 75.

TABLE 3: Budget Expenditures for Direct Benefit Programs By Function

BUDGET YEARS	Actual 1977	Estimate 1978	Estimate 1979
	----------(billions of do.)---------		
EDUCATION:			
Employment and Training	6.9	10.9	12.8
Other Labor Services	.4	.4	.5
Social Services	4.6	5.5	5.1
HEALTH:			
Health Care Services	34.5	39.9	45.1
Education and Training	1.0	.8	.8
INCOME SECURITY:			
General Retirement and Disability	88.6	98.2	108.4
Federal Employees Retirement and Disability	9.5	10.8	12.0
Unemployment Compensation	15.3	12.4	11.8
Public Assistance and Other Income Supplements	23.6	26.3	27.8
VETERANS:			
Income Security	9.2	9.7	10.3
Veterans Education, Training and Rehabilitation	3.7	3.1	2.6
Hospital and Medical Care	4.7	5.4	5.8
Veterans Housing	-.1	---*	---*

*50 million or less

Source: "The United States Budget in Brief, 1979," Washington, D.C. Office of Management and Budget, Superintendent of Documents, U.S. Government Printing Office, pp. 79-80.

This paper will synthesize the research literature on the impacts of government transfer payment programs. The synthesis is based on a review of literature which has appeared from 1969 through mid-1977. Because of the ubiquity of transfer payment programs, it would seem that nearly all service professionals linked to these programs directly or through their clients would be interested in the state of knowledge on transfer payments.

I. HISTORICAL PERSPECTIVES

English law and custom have had the most profound effect in dealing with indigent persons in the American colonies. 43 Elizabeth, known as the Poor Law of 1601, became the strongest instrument for coping with the problems accompanying indigency. The law forbade evictions and gave authority to control food supplies and prices in an effort to stabilize the labor force [61]. Concurrently in England, the establishment of charities and philanthropies assisted in providing employment and in the founding of almhouses and hospitals. While the social structure in early America was more fluid than in England, communities would protect themselves from indigents by requiring newcomers to post a bond or proof that they, their children, and their servants were self-sufficient. Because philanthropy in America was token, those persons deemed need-worthy were given aid in supplies, food or other in-kind charities. All children were required to learn a useful trade. The greatest fear in the community concerning children was that a child might become of age without a trade.

Throughout the second half of the nineteenth century the mechanisms to care for the needy grew in scope and number. Settlement houses for the deaf and mentally ill were established by early reformers who were skeptical of

government support. In fact, by the beginning of the Civil War, individual states were prompted by lack of Federal action to establish state institutions which quickly became dumping grounds for the mentally ill and physically impaired, and to some extent they remain so today [61].

From the Civil War to World War I social programs became more widespread. Local jurisdiction decided the fate of the indigent. While more programs were being established, growing resentment and shame were placed on the needy, a situation that could not easily, if at all, be overcome. In an effort to determine and distinguish those who were needworthy, several categorical programs were developed by individual states and copied elsewhere. The first ADC (Aid to Dependent Children) program began in Illinois in 1911. The purpose was to prevent the growth of delinquency, not always associated with poverty. The jurisdiction could assign a stipend from the county to the parent or guardian for support of children considered dependent or neglected [32]. This action to administer non-institutional relief overrode the long-held view that such out-relief would stimulate rather than erradicate pauperism. Within two years, 20 states had ADC programs and more had Aid to the Blind programs. In a short period of time, there were several categorical programs to aid the blind, deaf, dependent, aged, mentally and physically impaired.

The depression dealt a severe blow to the categorical programs established by the states. The burden was on the Federal government to assume responsibility for the needy, which it did in 1935 with the Social Security Act. Through grants-in-aid to states, the transfer programs were kept from collapsing [32]. This act also established the Social Security insurance system in the same general principles under which it operates now -- to reduce dependency

in old age. Another provision of the Social Security Act established the Unemployment Compensation program for regular workers who became unemployed involuntarily. The program, financed by an employer payroll tax, is state run under Federal guidelines which leave a great deal of variability between different states' benefits, eligibility, and other conditions [29]. The use of general assistance programs--that is, aid to all those persons who fall into categorical groups, is carried out by local communities, charities and philanthropies.

Since the welfare reform of the New Deal, the basic structure of American welfare programs has remained the same. The dominance of categorical programs calls attention to the unwillingness to give aid unless a determination of worthiness is made. This is further emphasized by the scarceness of general assistance programs and complete lack of Federal support in this area. One general welfare reform alternative which would replace the majority of categorical programs is the income maintenance plan. Although hundreds of income maintenance plans have been discussed in recent years, for the most part they start from a common premise that adequate financial support should be available for all persons. Several tests of income maintenance plans have been made in recent years, the most well-known being the New Jersey Income Maintenance Experiments. These plans focus on the problems of labor supply, family structure, fertility, migration, and regional and national economies. As yet the optimum mix of components of such plans is debatable; however, welfare reform seems destined to move in the direction of a comprehensive welfare program either universal or income tested. The desire to simplify the welfare matrix and minimize abuse, duplication, and administrative burden has been a well established goal.

Any meaningful reform must reconcile the universal coverage of all persons with the desire to maintain strict tests of worthiness.

II. IDENTIFYING THE PROBLEMS OF TRANSFER PAYMENT RECIPIENTS

Before any social welfare programs can be successfully designed and administered, it is necessary to know what the problems are that face the poor. The literature reviewed for this synthesis revealed several major points about the people who require assistance through transfer payments.

Most welfare recipients are dramatically inferior in their ability to compete in the labor market. Several studies showed that lack of skills, education, and experience is commonplace among welfare recipients [16, 24, 44]. Some 60 percent of AFDC and AFDC-UP recipients in one survey could not do economically better in the job market than what they received in welfare [24]. This situation has made it more difficult to provide work incentives especially where the head of the household is female. Child care concerns are a significant impediment for welfare mothers to work [18, 19, 34, 68, 69]. One study contended that it was cheaper to merely continue to provide maintenance than to create a program designed to promote self-sufficiency [37]. This alternative has been shown to be counter to welfare recipients' attitudes about themselves. It appears a positive self-concept, a strong work ethic, and an excellent attitude about the importance of work exist among recipients [3, 23]. The high turnover rate in the rolls of transfer programs and the relatively short term that most people receive payments further demonstrate a desire for self-sufficiency among most [7, 9, 41]. Finally, the marginal-tax structure that reduces transfers according to earned income is an inadequate tool to reduce benefits. The low level of

economic competition in the job market causing low wages for participants makes the tax structure in transfer programs a further disincentive to stay out of the job market [38, 42]. This may not, however, be effective in all states. In some states, like Illinois, Texas and Florida, estimated payments do fall rapidly as income rises, but in New York and California, income may be as high as $900 per month before payments are ceased [34]. Although this opportunity may exist for some to receive substantial payments and wages, the preponderance of research supports the view that jobs for most welfare recipients are low-paying if at all available because of discrimination, low-skills, and lack of experience [16, 25, 54, 60]. This is further evidenced by research that shows many welfare recipients are in fact among the working poor [17, 44].

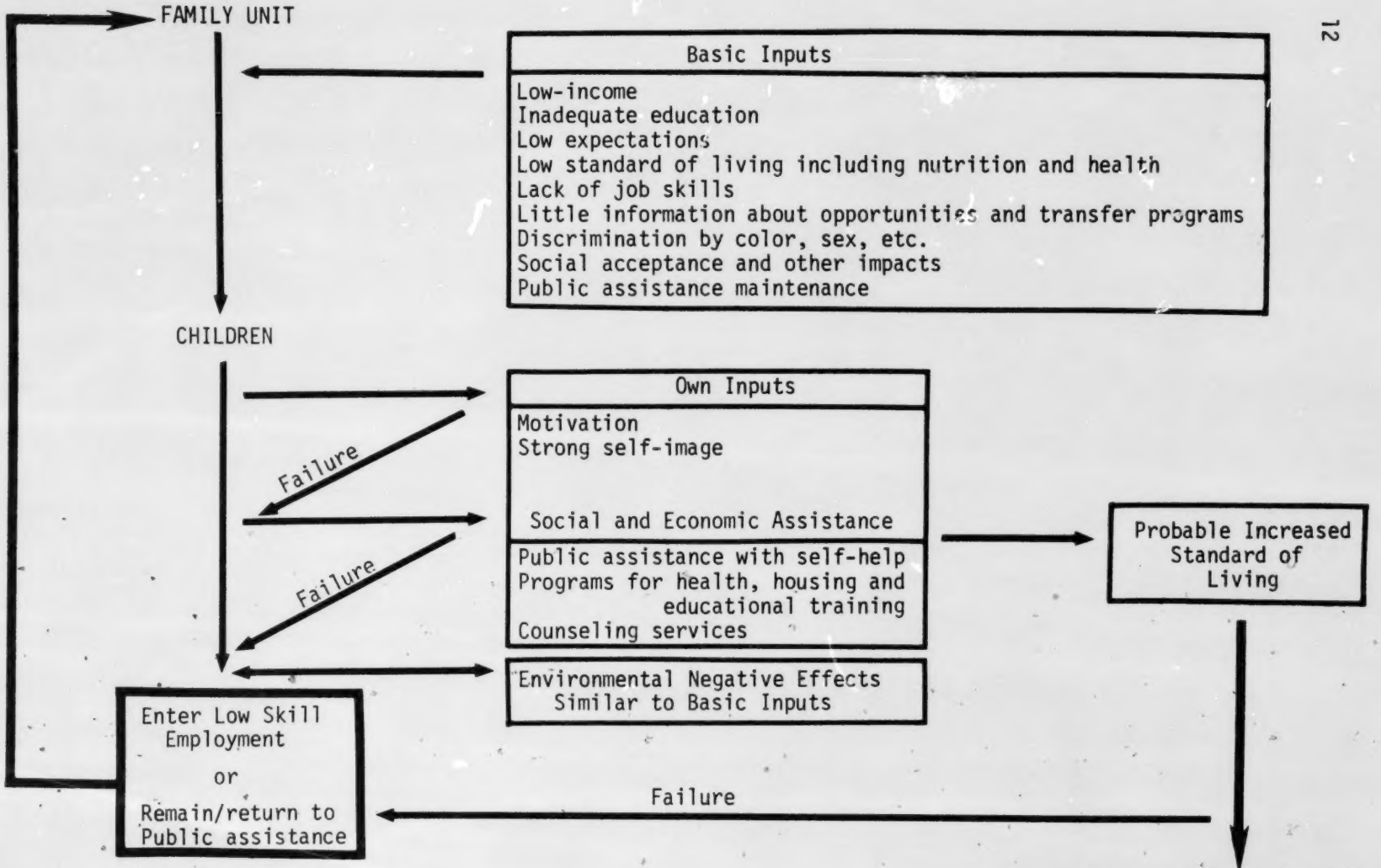
Poverty is a multiproblematic chain which has not been successfully broken by transfer payments [19]. The annalogy of a chain of poverty is a poignant representation of how difficult it is to raise the economic status of the poor. For the most part, programs are designed to impact a particular problem without much regard to the interrelated group of problems which face the poor. The low participation rates of eligibles in programs draw attention to this lack of regard to comprehensive welfare planning. It was found that many eligibles did not participate in the food stamp program because they did not have money available to buy the stamps [4, 22, 41, 44]. The purchase provision has been eliminated by the Food Stamp Act of 1977 (P.L. 95-113). This change is expected to significantly increase the participation of eligibles. In 1970, it was estimated that some one-half million eligibles did not participate in the AFDC (Aid to Families with Dependent Children) program [5]. There are several potential reasons for non-participation.

Client feedback on program adequacy receives little response from administrators [30]. Participants tend to get by on static unresponsive budgets. Maintenance, albeit maintenance in poverty, is the major emphasis of AFDC rather than self-sufficiency [30, 31, 37, 46, 62].

For many people poverty is the only prospect in old-age. As social security benefits rise, there is a negative impact on private investment in pensions and savings [48]. This puts an increasing burden on the Federal government to maintain the elderly, of which at least one-third live in poverty. Further complicating the problem is the fact that the proportion of retired people is increasing while the level of social security benefits is already inadequate, and the cost of providing adequate assistance is becoming increasingly prohibitive [21, 47, 66].

Rural low-income residents have particular problems including child care, transportation, health, family lifestyles, self-image, and family and home responsibilities. The study identifying these problems was based on close observation of 30 Appalacian families over several years. It appears that poverty is also a multigenerational problem [19]. Figure 1 shows the cycle of this chain. The illustration includes influencing factors revealed through research. Leakages do occur throughout the chain where some people are able to raise themselves from poverty. For most (particularly rural persons) the chances of enhancing a lifestyle are low. The basic inputs, identified through research, are components that have a significant impact on the path the family unit will take. Any children of this unit carry these basic inputs which may or may not be altered by their own experiences. For example, a strong self-image and motivation may lead to an increase in the standard of living for some, but may be inadequate for others. Even if the <u>own</u> inputs, and social and economic assistance raise the income level, the possibility of failure still exists. For some low income

Figure 1: Multigenerational Chain of Poverty



persons, temporary increases in income without strong own inputs and other social factors result in a return to poverty. The children then return to low skill employment or public welfare. In order for transfer programs to be more effective in aiding low-income persons, particular attention must be given to the children whose own inputs are strong, but not sufficient to change their lifestyle and standard of living.

III. PROGRAM DESIGN AND IMPACT

The type, amount, and impact of all direct transfer payment programs are determined by the program design. There are basically three types of direct transfer payment programs identified in the literature. They are:

I. Transfers to the physically, socially and/or economically indigent.

II. Transfers to those basically self-supporting and sufficient, but needing specific or temporary assistance.

III. Transfers made because of "earned privileges" or mandatory social provision.

Each of these types have different origins in our society, and the problems addressed reflect strong social attitudes. Examples of each type of transfer program are listed in Table 3. Relevant research on each type is discussed below.

Type I, Physically, Socially and Economically Indigent. These types of programs probably have the oldest origins. In most societies it was an accepted practice to care for persons who were genuinely unable to care for themselves. Our present programs profoundly effect the everyday lives of recipients because eligibility and the level of benefits received usually involve complete financial disclosure, a well-defined set of program guidelines and rules, and supervision by administrators and social workers.

TABLE 4: Examples of Transfer Payments by Type

Type I	Type II	Type III
Physically, Socially and Economically Indigent	Self-Supporting and Sufficient but Temporarily Needy	Earned Privileges or Mandatory Assistance
Aid to Families with Dependent Children	Low to Moderate Income Housing Loans	Medicare
Food Stamps and Distribution	Rural Self-Help Housing Technical Assistance	Minority Business Enterpirse
Public Assistance	Farm Ownership and Operating Loans	Right-to-Read
National School Lunch Program	National Direct Student Loans	Supplemental Unemployment Insurance
Crippled Children's Services	Public Housing-Leased	Veterans' Loans for Disabled Veterans
Job Corps	Employment Service	Veterans' Hospitalization
Various Indian Programs	Unemployment Insurance	Rehabilitation Services
Social Security-Survivors and Disability	Small Business Loans	Social Security-Retirement
Medicaid	Flood, Crime and Disaster Insurance	
	Adult Education	
	Mortgage Insurance	
	Manpower Development Programs	
	National Health Service Corps	
	Health Professions-Student Loans	
	Vocational Education	

Those persons who know that they cannot support themselves tend to learn about transfer programs faster than the marginally poor. Because increased knowledge about available transfers may lead to more income, these recipients become acutely aware of the regulations. Some regulations however, have unwittingly stimulated problems in the family structure. Financial disclosure has also been linked to the instability of the family unit. Further, it is very difficult for a two-parent family to receive welfare unless the husband is absent for an extended period of time. A significant amount of pressure is placed on families whose wage-earner has little or no skills and cannot find a job. If the husband leaves, then the probability of receiving welfare greatly increases. This further ties the wife to child-care responsibilities. Several studies have addressed this phenomenon stimulated by government regulations. In 1960, the increase of 10 percent of benefit levels was predicted to have an independent impact of a 3 to 4 percent increase in the number of families headed by females (for whites and non-whites) [35, 36]. Most comprehensive welfare reform presented now in Congress recognizes this as an important problem which must be dealt with.

Fertility of female recipients may have been affected by the decision rules determining the level of benefits to be received. One study concluded that while AFDC benefit levels cannot be said to cause illegitimacy, about 30 percent of AFDC benefits can be accounted for by it [12]. Another study found a link between the birth rate and transfer payments, although the actual effect may be small [72].

Several other studies concerned with the eligibility requirements for programs found that the amount of red tape and disclosure inhibit eligibles from participating [28, 31, 52, 56].

The presence of and interaction with social service workers by recipients have an impact on what programs an individual will apply for [53]. The caseworker should be a valuable source of information concerning not only support programs, but also for development and training programs [8]. However, a study by the General Accounting Office concluded that social services had only a limited direct impact on helping AFDC recipients reduce dependency and achieve self-support [62]. Another study made of the GAO report does not agree with its findings that social services are ineffective [73].

Type II, Self-Supporting and Sufficient, but Temporarily Needy. These programs were developed to help people retain a certain standard of living or achieve an improved one. While most people who participate in these programs would continue to support themselves, these programs are rewards and incentives to those desiring a higher standard of living. Several major Type II programs were surveyed, including housing assistance, unemployment insurance and health manpower.

Housing subsidy programs have contributed to the accomodation of expanding areas. By 1971, yearly production of subsidized housing reached 500,000 units [40]. The increased use of subsidized mortgage credit has brought concern to local governments. It is often felt that subsidized home ownership will have an adverse effect on the tax base of the community. A survey of 508 Farmers Home Administration mortgagees in a rural Virginia county showed that subsidized single family home mortgagees did pay their fair share for community services and in many instances increased tax revenues for the community [73].

Subsidized mortgage programs have also made home ownership available to

those who would otherwise be unqualified. However, many low income mortgagees do not have adequate resources to maintain the value of their home [1]. Other studies have found that inequities in the distribution of subsidized funds, higher building costs than conventional housing, and discrimination, including low-mobility and supply to low-income persons, require further attention from Federal housing programs [11].

In response to increasing public demand for improvements in health care, numerous programs spanning all levels of government have been developed. In almost all cases these programs have resulted in some measure of improvements in levels of health care, but they have not been successful in bringing equitable levels of care to all segments of the population.

Several studies have revealed reasons for the maldistribution of health manpower services between rural and urban areas. With the advent of Medicare in the mid 1960's, a large financial burden for many individuals was eased. However, the program may have contributed to the increasing maldistribution of health professionals, because of the higher reimbursement levels to urban practioners than to their rural counterparts due to the larger population base [45, 63, 64]. If these correlations are accurate, Federal funds are helping to underwrite the locational preference of physicians and may have actually resulted in decreasing the number of rural practioners. A recent national ratio of physicians to population was estimated at one physician per 641 persons [49]. Although this ratio may be an adequate number of physicians, the distribution still leaves a gap in the availability of services to all areas. Three important reasons for the maldistribution are the high financial renumeration for medical services, the appeal of the lifestyle of middle and upper income groups, and the means and location of medical training [49].

The Emergency Health Personnel Act, Amendments of 1972, established the National Health Service Corps (NHSC). The program was designed to alleviate critical shortages of health professionals in both urban and rural areas. The major beneficiaries of the program have been rural areas which have received 90 percent of the assigned NHSC personnel [45]. Conflicting evidence on the success of NHSC shows that very few areas have received benefits because the number of successful completions in the program has been very small [55]. Limited research on the governmental health manpower programs have shown that artificial incentives have not been effective in placing personnel.

The Task Force on Health Manpower provided recommendations to the Congress after completing the most comprehensive report on health manpower [67]. Almost 30 Federal programs have already supplied economic support for training, and the Federal effort is expected to continue. This type of transfer payment program, while helping a particular individual increase his skills, also helps to provide necessary services to society.

Unemployment Insurance (UI) is also a different type of transfer payment. It provides temporary economic relief to those persons who have lost their job through no fault of their own. The program is jointly paid for by employers and the government. The program tends to move some of the burden off the individual and spread it over the entire labor force. It is one of the few welfare programs which is effective while at the same time allowing its recipients to receive benefits without any social stigma and with certainty [2].

One study showed that in addition to the positive human impact, unemployment insurance complements the performance of the economy. The program has

a counter-cyclical effect. As unemployment increases, employer taxes are less than benefits received causing a net boost to the money supply. This effect has also helped dampen aggregate demand during periods of low unemployment. The total impact is small, but nonetheless positive [14].

One problem with the program is that unemployment insurance, as well as Aid to Families with Dependent Children, is state operated. The result is a vast disparity of benefits received across states. Several position papers have criticized that the UI program lacks an accepted philosophy of the role such a program should play; it does not adequately include all workers, especially in agriculture; and the benefits are too high to provide adequate incentives to secure another job [20, 50, 71].

There has been quite a number of studies made on the work disincentives in the UI program. One group of studies contends that the relatively unpressured job search of individuals receiving UI extends the time of unemployment. UI benefits are not taxed and are generally at least 50 percent of the previous gross wage. The result in real benefits is often in excess of 70 percent of previous net income. The study supporting this further concludes that near the maximum payment levels, the incentive to return to work or avoid a short period of unemployment is completely removed [20]. Because UI tends to reduce the pressure to find employment, the unemployment rate is increased [27]. Contrary research found that although the job-search period is probably increased due to UI, the effect tends to decrease to zero over time and has only shown to be significant for older males who could expect to receive a substantial post-employment wage gain [9, 15].

Other Type II programs such as the Employment Service, which helps people find jobs, and Manpower Development programs, which train and educate,

are further indications that these programs are designed to provide temporary assistance when needed.

Type III, Earned Privileges or Mandatory Assistance. The programs listed here are examples of transfers made because of certain earned rights or because Congress has established national goals to provide certain services for specific reasons. With the exception of the Social Security retirement program, these programs are generally provided regardless of contributions or economic status.

Social Security retirement is probably the best known of all transfer payment programs whose method of financing has been under heavy fire in recent years. This program has been effective in preventing poverty in many aged households for which social security is the only support available [57]. However, minimum old age pensions as a percentage of all pensions total only about 8 percent and are, therefore, a seemingly unimportant source of funding [21]. The majority of research in this area is concerned with fiscal problems. One study compared the benefits received by women who began work during World War II. The most significant fact revealed is that even when adjustments are made for employment and earnings, the benefits received by women are substantially lower than those received by men [43].

The veterans programs are examples of earned privileges. Veterans may receive compensation for education, housing, medical services, and funeral expenses, among others. Veterans are also to be given preference in hiring by the Federal government by receiving a 5 or 10 point bonus on the ratings given to all applicants. While these benefits can be of great assistance to veterans, a small percentage actually take advantage of any. The total budget for veterans benefits in 1977 was only 4 percent of the total Federal

budget [Table 2]. Articles appearing in popular publications have suggested that the hiring preference is largely a myth in practice and the Veterans Administration has little influence. In light of the present administration's desire to reduce the veteran's point advantage in hiring, more research should appear on the impact these programs have had on individuals. This literature search revealed no published studies or research programs in this area.

The Medicare program has had the greatest impact of all other transfer programs in recent years. The availability of Medicare to retired persons has relieved a tremendous financial burden on a family's resources. Covering over 25 million people, Medicare has also grown to the largest transfer welfare program [24, 65]. But for all the good the program has done, it has not been without design problems.

Payments made to Medicare recipients are much higher for high-income elderly persons than for low-income elderly persons. This disparity in benefits also exists for elderly whites over elderly blacks, particularly in the South [13]. These discriminatory effects are to some extent offset by the total money expended on Medicare and state and local health care. But the gap still exists between blacks and whites in private and Medicare spending [70].

A study of the impact of cost-sharing requirements of the Supplemental Medical Insurance (SMI) program and its enrollees showed that persons with low-to-moderate incomes were hardest hit by the deductible payment necessary for out-of-hospital care. This group also reported a lower incidence of medical care sought. Those persons receiving public assistance medical care were the heaviest users of ambulatory services since public assistance paid

all or most of their contribution to SMI [51].

In 1973, disabled persons became eligible to receive Medicare adding an additional 1.7 million persons to the program [58]. This was a significant help to those persons suffering from renal disease because of the tremendous medical expenses for necessary treatment [59].

Other Type III programs have evolved from current national concerns, most notably the programs to aid minority business enterprises. Research concerning these small, less known programs has been minimal even though the impacts on the individual recipients may be great.

IV. CONCLUSIONS AND RECOMMENDATIONS

One area of transfer payments covered by the literature survey included programs of income maintenance or negative-income allowances. It seems clear that in order for welfare reform to have any meaning, the reform must address the needs of the entire population rather than the categorical needs addressed by present programs.

Several major income maintenance experiments have been conducted to assess the impacts in the labor market and on family decisions. One study concerned with the effects of income maintenance on fertility concluded that increased income enables families to afford more children, the additional cash assistance with each child lowers the cost of raising that child, and work disincentives of cash transfers may reduce the supply of labor which otherwise would not occur [10]. Other studies reinforce the conclusion that the labor supply would be effected because income and leisure are both "normal goods" whose consumption is inverse to their price [26]. Conflicting evidence shows income maintenance would not necessarily lead to massive decreases

in the work effort of the poor or provide inadequate incentives, rather such programs would have an opposite effect [6].

There are important design questions to be dealt with in income maintenance programs. The design must be equitable and sufficient while reasonable in cost. Defining the social or economic unit is one such problem -- should it be defined by marriage, the presence of children, or by the individual alone [39]. The impacts of proposed programs are beyond this survey, but there is little doubt that income maintenance programs are viable alternatives to present categorical programs.

Two major omissions occur in the literature on transfer payments. First, the largest and most controversial programs are the most closely scrutinized leaving the lesser known programs even more less known. There were no studies concerning the minority loan program, veterans assistance, or economic assistance to disabled persons among others. While this survey may not have included all published material, it did cover over 10,000 publications related to transfer payments. The absence from this survey does indicate the need for more research concerning many smaller programs. For example, with the advent of national health insurance, it would seem critical to explore further the requirements of health manpower services, especially in rural areas.

The second area is the absence of substantial solutions for many of the transfer payment problems. It appears that the majority of research concerns the identification of problems of people and problems with transfer programs. Only in the area of income maintenance schemes and to some extent Health Maintenance Organizations has sufficient research presenting comprehensive recommendations and plans for problem solving made an impact in the literature.

Some areas which are beginning to surface include unemployment insurance for agricultural workers, housing programs for rural areas, and rural transportation systems. Continuation in these and other areas of transfer programs is needed as the role of transfers becomes larger in the economy.

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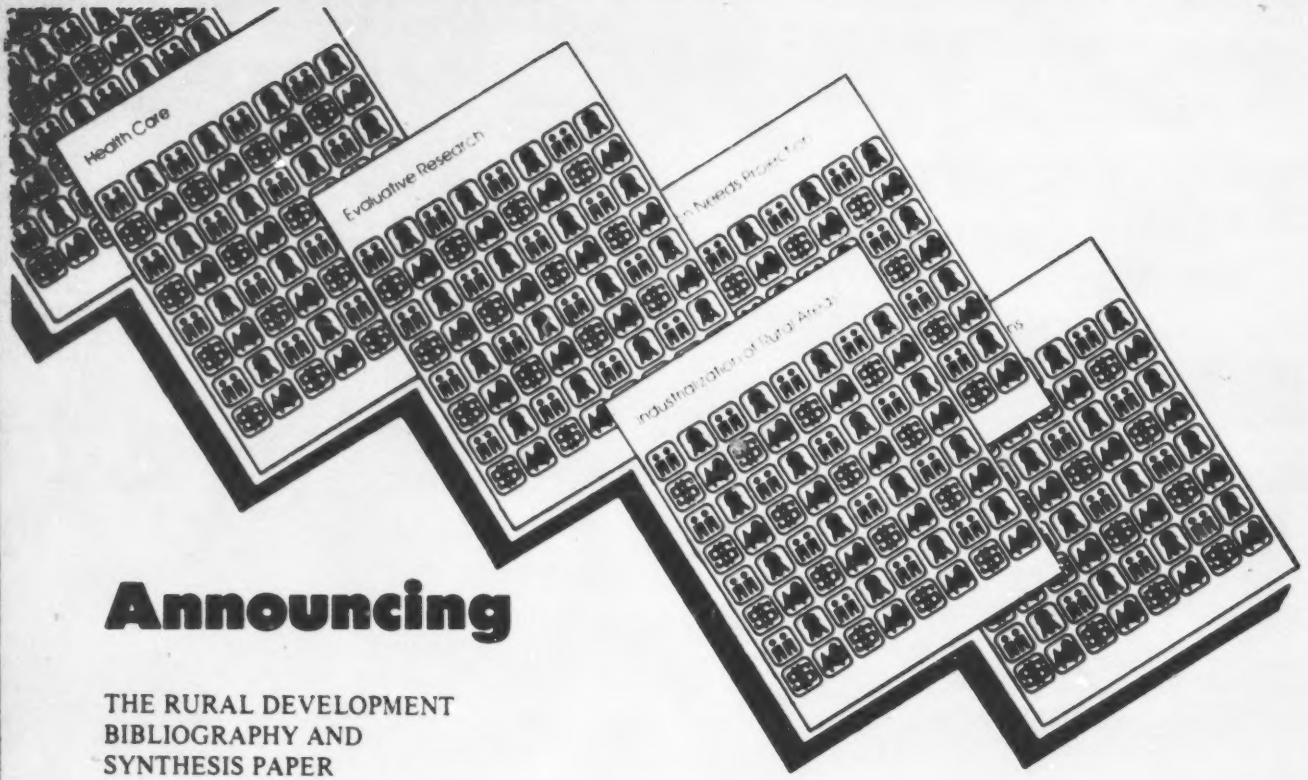

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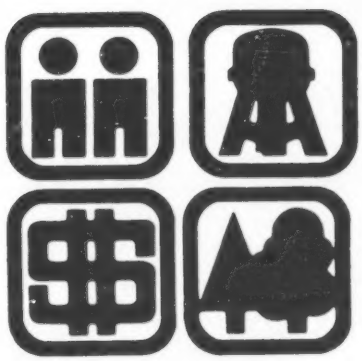

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